

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	10/780,526
		<b>Filing Date</b>	February 17, 2004
		<b>First Named Inventor</b>	Milan Pophristic et al.
		<b>Title</b>	LOW DOPED LAYER FOR NITRIDE-BASED SEMICONDUCTOR DEVICE
		<b>Examiner Name</b>	Samuel A. Gebremariam
		<b>Attorney Docket Number</b>	5510P206

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 08791

---

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 08791

**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 C.F.R. 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature 	Date 10-15-10
Name Clifford J. Walker	Telephone 408-414-9608

Title & Company: **VP Corporate Development, Power Integrations, Inc.**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ \*Total of 1 forms are submitted

**SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.**